

Atty Docket No. 022421-000110US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner LeChi Truong

Group Art Unit 2126

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I hereby certify that the following documents in re Application of Tim Wilkinson et al., Application No. 09/931,390, filed August 14, 2001 for PORTABLE OPERATING ENVIRONMENT FOR INFORMATION DEVICES are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Petition For Extension of Time (1 p in duplicate); and
- 3) Amendment (16 pp).

Number of pages being transmitted, including this page: 20

Dated: July 21, 2005


Diane Hawley

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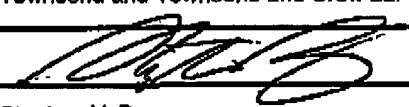
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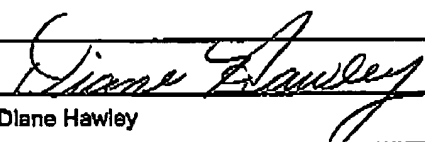
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/931,390
	Filing Date	August 14, 2001
	First Named Inventor	Wilkinson, Tim
	Art Unit	2126
	Examiner Name	LeChi Truong
Total Number of Pages in This Submission	Attorney Docket Number	022421-000110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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Date	July 21, 2005	Reg. No.	38,575

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